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**\*\* CONTINUING DATA \*\*\*\*\*** *KF NONE*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *KF NONE*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>K. Fur</i> Examiner's Signature <i>KF</i> Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
20280

**TITLE**  
Alternative network selection for a communication device

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